PRINTED: 04/25/2012 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G		04/2	4/2012	
	OVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 111 PARAMOUNT ST SABETHA, KS 66534	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	3	F	000				
F 226 SS=C	Health Resurvey. 483.13(c) DEVELOP ABUSE/NEGLECT, E The facility must developolicies and procedu mistreatment, neglect and misappropriation This REQUIREMENT by: The facility reported Based on record revifacility failed to incorp for Medicare and Meentitled "Reporting R Crime in a Long-Terr Section 150B of the Sexisting facility policy Findings included: The undated facility Abuse, Neglect, Explidid not incorporate the letter dated 6/17/11.	elop and implement written res that prohibit t, and abuse of residents of resident property. T is not met as evidenced a census of 82 residents. ew and staff interview, the porate the 6/17/11 Centers dicaid Services (CMS) letter reasonable Suspicion of a in Care Facility (LTC): Social Security Act" into their contains and Mistreatment in the CMS	F	226				
		at 8:48 A.M. with ed nursing staff B reported ot revised their policy since						
	,	ully develop written policies prohibit mistreatment, f residents and						
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		CONSTRUCTION	(X3) DATE SUF COMPLET	
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F 226 F 250 SS=D	misappropriation of ro 483.15(g)(1) PROVIS RELATED SOCIAL S The facility must prov services to attain or r	esident property. SION OF MEDICALLY SERVICE ride medically-related social naintain the highest mental, and psychosocial		226 250			
	by: The facility had a cersample included 19 robservation, record refacility failed to provide services to attain or repracticable physical, well-being for 1 (#40) community discharge Findings included: - Review of resident (POS) dated 3/19/12 diagnoses that include hyposmolality, osteophypothyrodisim, demiclosed. The resident's April 2 Administration Recorreceived 25 milligram antidepressant) since The resident's admissional control of the res	mental, and psychosocial of 4 residents sampled for rehabilitation. #40's Physician Order Sheet included the resident had led: hypopotasesemia, porosis, hyperlipicemia, entia, fractured radius shaft 012 Medication d included the resident had les of Zoloft (an					

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F 250	(moderately impaired Interview for Mental S score of 08 out of 27 resident mood intervie Questionnaire-9(PHQ behaviors, required lindressing, independent staff supervision with Living, and had not remedication in the last. The resident's MDS 3 (reentry) with an ARD resident was discharged on 3/28/12 and return. The MDS included the (cognitively intact) on score of 16 (moderate of 27 did not exhibit a supervision with bedallocomotion on and off room, extensive staff limited staff assistance corridor, dressing, earnot received an antide. The resident cognitive declined in mood, the very social and now declined in mood, the very social and now declined in mood, the very social and now declined in the facility pusplan.	cognition) on the Brief tatus (BIMS), total severity (mild depression) on the ew/9-Item Patient Health -9), did not exhibit any mited staff assistance with t with eating and required all other Activities of Daily ceived an antidepressant 7 days. O admission assessment of 4/12/12 identified the led to a local acute hospital ed to the facility on 4/4/12. The BIMS, total severity ely severe depression) out my behaviors, required staff mobility, personal hygiene, of the unit, walking in the assistance with transfers, e with walking in the last 7 days. We status, and mood Care AA) dated 4/12/12 identified	F	250			

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F 250	included the resident nursing home, had a was discouraged regaresiding in the facility included the resident he/she would better on the independent anyn started taking an antic stay at a Senior Diagram The resident's care plan entry dated 4/18/1 resident's emotional visolation, manifested that staff would visit whis/her wishes and who within the isolation rester resident during carbout things he/she with plan included a therapresident outside (no flow ould take activities the set up television progwatch. The resident's care planted social services depression. A Neuropsychological dated 4/1/12 included confusion and worser recently, had been be showed wondering ar the resident had resident was Diagnostic Unit for an	had recently moved into the change in health perception, arding the decline and The psychosocial CAA stated yes to some days ff dead since he/she was hore, and the resident depressant during his/her hostic Unit. an (dated 4/12/12) included 2 that addressed the well-being related to by sadness, boredom and with the resident regarding hat he/she would like to do strictions, staff visited with him/her would liked to do. The care by staff walked with the requency included), staff to the resident's room and/or rams for the resident to an did not include medically a to address the resident's I Evaluation and Treatment the resident had Increased hing memory losses elligerent and angry and and/or eloping behavior since led at the nursing facility,	F	250			

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F 250	deficit included sever control, mild level of a mood appeared depradmitted he/she had of pleasures in doing irritabilities and a sen report also included the wished to die sometin because he/she could experienced fatigue, sensitivity to fatigue, sensitivity to fatigue, symptoms, which appearenced fatigue, sensitivity to fatigue, symptoms, which appearenced fatigue, symptoms, which appearenced fatigue, sensitivity to fatigue, symptoms, which appearenced fatigue, symptoms, which appearenced disorder, included the resident and/or eloping behav his/her depression ar in a new living environ. The report included the recommendations: Rassisted living facility meet daily needs, commedication treatment was recommended for A nurse's note dated documented staff not confused and bewilde weeks, when staff renhe/she forgot, the resisted face. A speech therapist not 11:44 A.M. document isolation so was seen	sident's neuropsychological e impairment in mental dementia, the resident's essed, the resident openly experienced sadness, loss things he/she used to enjoy, se of hopelessness. The he resident admitted he/she nes, felt worthlessness d not do a lot of things, sleeping disturbances, and showed depressive peared consistent with major single episode. The report is recent anger, wandering it was likely reflective of ad difficulty in adjusting to life inment at the nursing facility. The following decommended to live in an it to ensure his/her safety and intinue anti-demential, and psychiatric treatment or his/her depression. 3/27/12 timed 8:38 A.M. it is determined the past 2 minded him/her of things it ident got nippy and made a solve dated 4/18/12 timed it in his/her room, the asant but really wanted to be	F	250			

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F 250	timed 8:50 A.M. docude depressed and stated to the isolation, the thimportant isolation was resident's feelings. During the initial tour approximately 9:15 A door read for visitors station prior to enterin During interview with time, the licensed nur in contact isolation during interview with of the survey on 4/18, resident was almost indid not feel he/she was respect, people though room they would cont you would think I had resident stated he/she rooms for meals or to During interview with 11:15 A.M. the resided depressed related to room. The resident spychotherapy. During interview with 4/23/12 at 11:00 A.M. services did not proviservices regarding de Staff M stated that was department. License	mented the resident I he/she felt depressed due erapist explained how as but also validated the of the facility on 4/17/12 at .M. a sign on the resident's to report to the nurse's ag the resident's room. licensed nurse F at that se stated the resident was at to Clostridium Difficile. the resident during Stage 1 /12 at 10:07 A.M. the at tears and stated he/she as treated with dignity and with if they entered his/her ract an illness and stated leprosy or something. The ac could not go out of his/her attend activities. the resident on 4/23/12 at	F	250			

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F 329 4 SS=E	Senior Diagnostic Unifollowed up on the New and Treatment recompression. Licensed not contract with any psychotherapy and not proximity provided the nurse I stated the only received regarding his milligrams of Zoloft stated at the Senior Diagnormal proximity provided the nurse I stated the only received regarding his milligrams of Zoloft stated at the Senior Diagnormal puring interview with B on 4/23/12 at 11:40 Neuropsychological Erecommendation regards psychiatrist "fell through and not followed up on the facility failed to enace sessed with modern received medically remaintained or improved and psychosocial need 483.25(I) DRUG REGUNNECESSARY DRUNNECESSARY DRUNNEC	Insferring the resident to the sit, and the facility had not suropsychological Evaluation mendation regarding the chiatrist regarding his/her of staff I stated the facility did agency/individual regarding one in the facility's ose services. Licensed by treatment the resident of the resident of the resident's gnostic Unit. Inursing administrative staff of A.M. the staff stated the evaluation and Treatment of the resident sering a ghost the crack" and the facility on the recommendation. Insure that this resident attely severe depression lated social services that of the resident's mental, ods. IMMEN IS FREE FROM UGS Interpretation of the resident of the regimen must be free from the nunnecessary drug is any cessive dose (including for excessive duration; or nitoring; or without adequate or in the presence of the swhich indicate the dose discontinued; or any		329				

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F 329	resident, the facility n who have not used a given these drugs un therapy is necessary as diagnosed and do record; and residents drugs receive gradua behavioral intervention	ensive assessment of a nust ensure that residents ntipsychotic drugs are not less antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic ll dose reductions, and	F	329			
	by: The facility identified The sample included observation, record re facility failed to identi Warnings of medicati residents reviewed for (#92, #83, #24, #48) Findings included: - Resident #92 had d chronic kidney diseas failure, atrial fibrillation hyperlipidemia, esopi base femoral neck cle benign prostatic hype obstruction, and systel listed on the Physicia	a census of 82 residents. 17 residents. Based on eview and staff interview, the fy appropriate Black Boxed ons for four of the ten or unnecessary medications. iiagnoses that included se stage IV, congestive heart on, diabetes mellitus type II, hageal reflux, fracture of osed, retention of urine, ertrophy without urinary olic/diastolic heart failure as an Orders Recertification. The POR recorded the					

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F 329	mg. alternating dose Metoprolol 25 milligra congestive heart failu for depression. The admission Minim Assessment Reference recorded a score of 1. Brief Interview for Mereceived anti-depress resident required extebed mobility and transone staff with walking personal hygiene; tota with locomotion on/of use: and set up and suffered with a higher dose resulternational Normaliz for bleeding include hanticoagulation (INR golder, highly variable gastrointestinal bleed cerebrovascular disease anemia, malignancy, concomitant drugs, and therapy. Metoprolol: A advised in patients wi artery disease or isch exacerbation of angin myocardial infarction had been reported in	included Warfarin 5 mg./7.5 daily for atrial fibrillation, ms (mg.) twice a day for re, and Celexa 40 mg. daily um Data Set (MDS) with an ce Date (ARD) of 2/3/2012 4 (cognitively intact) on the ntal Status (BIMS) and ant medication. The ensive assist of two staff with efers; extensive assist of in room/corridor and al dependence of one staff funit, dressing, and toilet supervision with eating. Orded the following U.S. Warfarin: Warfarin Sodium atal bleeding. Bleeding was uring the starting period and sulting in a higher ared Ratio (INR). Risk factors igh intensity of greater than 4), age 65, or INRs, history of ing, hypertension, ase, serious heart disease, trauma, renal insufficiency, and long duration of warfarin	F	329			

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F 329	monitored appropriat clinical worsening, suin behavior. The care plan dated 2/3/12 recorded Blacmanifested by Lasix, Coumadin, Simvasta Celexa. The interven monitored the side of medications, nursing medications by the list Administration Record the label of the medic communicate with phemedications, and revitable physicians every 60 deffects. Review of the facility Box Warning recorder medications were ide medications were ide medications were edited the Black Box Warning content of this policy. Review of the current documentation of the Warnings. An observation on 4/resident seated in recorder.	on therapy should be ely and observed closely for dicidality, or unusual changes of the base of the standard of the base of th	F 32	9			

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F 329	licensed nursing staff cassette of medication had a red dot placed dispensing pharmacy medications with Black Staff interview on 4/2 licensed nursing staff Warnings were monit with a Black Box War He/she reported the located in drug referent nursing stations and contacted for information of the facility failed to its side effects of medications warnings. - Resident #24 had costeoarthritis, intesting idiopathic peripheral hysterectomy, colostic cholecystectomy, and on the 1/12/12 Physic This same POS recomedications that inclupain, Fentanyl patch depression, Cozaar for prophylaxis, Levothyland Metoprolol for dia The Medication Admit 4/12 listed the following Black Box Warnings	3/12 at 8:20 A.M. with G stated the medication ins with Black Box Warnings on the cassette by the and the MAR listed ck Box Warnings. 3/12 at 1:32 P.M. with H reported Black Box fored whenever a medication ming was administered. Black Box Warning would be ence books available at the pharmacist could be tion. dentify and monitor for the ations with Black Box diagnoses that included hal obstruction, hypertension, neuropathy, right total hip, omy, hemithyroidectomy, d right wrist fracture as listed cian Order Sheet (POS). Inded the resident received haded Percocet for chronic for pain, Zoloft for or hypertension, Aspirin for roxine for hypothyroidism,	F	329				

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F 329	dated 3/1/12 recorded Mental Status) score had no delirium, a modepression), no behaneeded extensive state of daily living except of scheduled pain medical following medications. Fentanyl, Aspirin, Lev. The care plan directed monitor the side effect medications, that the identify the medication and the red dot on the physician on effective and to review the medication of the staff recorded that adverse side effects of and that the facility with plan. Blackboxrx.com record following BBW: "This concentration of pote fentanyl. Schedule II highest potential for a fatal overdose due to Blackboxrx.com record following BBW: "Abruwith angina pectoris,"	e Minimum Data Set 3.0 d a BIMS (Brief Interview for of 15 (cognitively intact), od score of 13 (moderate viors, did not reject care, ff assistance with activities eating, and received cation. 12/7/11 listed BBW for the : Percocet, Zoloft, Cozaar, rothyroxine, and Metoprolol. d the nursing staff to ets of these identified nurses needed to be able to ns by the listing on the MAR e label, to work with the eness of the medications, dications with the physician and side effects. On 3/1/12 t the goal was met (no noted from the medications) ould continue with the care	F	329				

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F 329	Blackboxrx.com record following BBW: "Oxyo and a schedule II con abuse liability similar receiving opiods show signs of misuse, abuse Observation on 4/19/ate breakfast in his/he the breakfast tasted of the breakfast tasted of the individual medications with a BI the individual medications with a BI the individual medication of the staff said the faciplaced it on the casse a BBW book study gunurses' desk that the look up what the BBW medication, as neither recorded what the war was a work in progress.	ocardial infarct} and a have been reported in ving abrupt discontinuation." Inded for Percocet the codone is an opiod agonist strolled substance with an to morphine"All patients all be routinely monitored for se and addiction." In at 8:00 A.M. the resident ter room. The resident stated good. In at 8:15 A.M. with licensed the MAR listed the ack Box Warning, and on tion cartridge there was a the medication had a BBW. Wellity dispensing pharmacy bette. The staff said they kept used in the drawer at the staff used if they needed to by was for a particular or the MAR nor the care plan arning was. The staff said it as for them.	F 32			
	hypothyroidism, diabe	liagnoses that included etes mellitus, dysthymic disorder, mild intellectual				

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F 329	recorded on the 3/19 (POS). This POS remedications that inclanticoagulation, Lort pain, Tylenol for pair disorder, Atenolol for diabetes, and Effect. The quarterly Minimizer recorded a BIMS (Bistatus) score of 8 (not delirium, a mood scorn of reject care, need with activities of daily received an anti-dep. The care plan dated medications had Blackboxrx.com record what the medications with the effectiveness and signot record what the medications. The MAR dated 4/12 following medication Atenolol, Levothyrox.	pathy, and hypertension as 0/12 Physician Order Sheet corded the resident received uded Aspirin for ab for moderate to severe in, Depakote for bipolar mood in hypertension, Metformin for or for depression. The Data Set 3.0 dated 2/8/12 crief Interview for Mental mild impairment), had no one of 9 (mild depression), did ded extensive staff assistance by living except eating, and pressant medication. 12/7/11 listed the following ck Box Warnings (BBW): mol, Depakote, Atenolol, fexor, and Levothyroxine. The or the nursing staff to monitor the identified medications, to the medications by the listing diministration Record (MAR) are label, to work with the eness of medications, review of physician quarterly for the effects. The care plan did warning was for these.	F3	329			

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F 329	threatening pancreating both children and additional described as hemorrhy progression from initial Blackboxrx.com recording BBW: "Lacting serious metabolic conduction due to metformin according to method to m	d in patients receiving derivatives. "Cases of life tis have been reported in alts. Some cases have been ragic with a rapid al symptoms to death." Indeed for Metformin the cacidosis is a rare, but implication that can occur unulation during treatment. It is at all in approximately 50 tic acidosis may also occur in mumber of inditions, including diabetes in there is a significant and hypoxemia." Indeed for Metformin the cacidosis is a rare, but in approximately 50 tic acidosis may also occur in mumber of inditions, including diabetes in the resident in the resident in the first call light. In the diabetes in the resident in the diabete in the resident in the medication had a BBW. It is dispensing pharmacy in the medication had a BBW. It is dispensing pharmacy in the drawer at the staff used if they needed to was for a particular in the MAR nor the care plan rining was. The staff said it	F	329			

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		175376	B. WIN	G		04/24	4/2012
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 511 PARAMOUNT ST SABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 329	side effects of medical Warnings. - Resident #83 had didementia, hypothyroid tension headache, ey degeneration, diabete listed on the Physicial 03/19/12. This POS received Seroquel, ar 100 milligram (mg) dadisorder with psychos an oral anti-diabetic mellitus, and Tylenol mg twice a day for pa The Medication Admid 4/12 listed Black Box medications: Synthroi Celexa, Seroquel, and Blackboxrx.com recorfollowing Black Box Warre, but serious, m can occur due to metit treatment. When it oc approximately 50 per acidosis may also occur	agnoses that included dism, nutrition disorder, e disease, macular es mellitus, and glaucoma as n Order Sheet (POS) dated ecorded the resident n anti-psychotic medication, hilly for organic mental sis, Metformin (Glucophage), nedication for diabetes (APAP) extra strength 1000 in. Inistration Record (MAR) for Warnings for the following d, Metformin, Enalapril, d Tylenol. Indeed for Metformin the Warning: "Lactic Acidosis is etabolic complication during curs, it is fatal in	F	329			
	Blackboxrx.com record following Black Box W Mortality in Elderly Parallel Related Psychosis. E related psychosis treated	operfusion and hypoxemia. Indeed for Seroquel the Varning: "Increased attents with Dementia Iderly patients with dementia					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		175376	B. WIN	G		04/2	4/2012
	ROVIDER OR SUPPLIER			51	EET ADDRESS, CITY, STATE, ZIP CODE 1 PARAMOUNT ST ABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 329	limited to 325mg per will highlight potential Hepatoxicity: Acetam associated with cases times resulting in liver cases of liver injury an acetaminophen at doper day and often invacetaminophen-contathe care plan dated 203/02/12 listed medic Warnings as follows: Metformin, Celexa, Scare plan directed the side effects of the ide to identify the medicat MAR and the red dot physicians on effective review medications who for efficacy and side of An observation on 04 Resident sat in the dimedication by licensed medication without differenced nursing staff dispensing pharmacy the pill cassettes to all medications, that the Warning (BBW). The on the bottom of each medications. The staff	rded for Tylenol: " rophen products to be dosage unit; boxed warning for severe liver failure. Innophen has been is of acute liver failure, at transplant and death. Most re associated with the use of ses that exceed 4000 mg olve more than one unining product. " 2/24/12 and last revised ations with Black Box Enalapril, Synthroid, eroquel, and Tylenol. The enursing staff to monitor the ntified medications, be able tions by the listing on the label, to work with eness of medications, ith physician every 60 days effects. /19/12 at 8:25 A.M. Ining room and was offered a and staff O. He/She took the up and swallowed the efficulty with a drink of water. 12 at 12:45 P.M. with G indicated that their placed a red dot sticker on lert staff passing medication had a Black Box dispensing pharmacy listed in page on the MAR the BBW is said the dispensing the side effects beside the	F	329			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SURV COMPLETED	
		175376	B. WINC	<u> </u>		04/2	4/2012
	ROVIDER OR SUPPLIER		•	511 I	T ADDRESS, CITY, STATE, ZIP CODE PARAMOUNT ST BETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 329 F 428 SS=E	effects of medications 483.60(c) DRUG REGIRREGULAR, ACT OTHE drug regimen of reviewed at least oncepharmacist.	lentify and monitor for side s with Black Box Warnings. GIMEN REVIEW, REPORT N each resident must be e a month by a licensed	F3				
	This REQUIREMENT by: The facility identified The sample included observation, record refacility failed to identification warnings of medication residents reviewed for (#92, #83, #24, #48) Findings included: Resident #92 had dischronic kidney diseas failure, atrial fibrillation hyperlipidemia, esoph base femoral neck clobenign prostatic hyperobstruction, and systelisted on the Physicia	r unnecessary medications.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		LE CONSTRUCTION	(X3) DATE SUF	
		175376	B. WIN	G		04/2	4/2012
	OVIDER OR SUPPLIER		•	51	EET ADDRESS, CITY, STATE, ZIP CODE I1 PARAMOUNT ST ABETHA, KS 66534	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	resident's medication mg. alternating dose Metoprolol 25 milligra congestive heart failut for depression. The admission Minimal Assessment Referen recorded a score of 1 Brief Interview for Merceived anti-depression resident required exteresident required exterior exteri	included Warfarin 5 mg./7.5 daily for atrial fibrillation, ams (mg.) twice a day for are, and Celexa 40 mg. daily for atrial Set (MDS) with an ace Date (ARD) of 2/3/2012 de (cognitively intact) on the artal Status (BIMS) and seant medication. The ansive assist of two staff with affers; extensive assist of an in room/corridor and all dependence of one staff of unit, dressing, and toilet supervision with eating. Forded the following U.S. Warfarin: Warfarin Sodium atal bleeding. Bleeding was luring the starting period and sulting in a higher zeed Ratio (INR). Risk factors and intensity of greater than 4), age 65, or INRs, history of	F	428			

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		NSTRUCTION	(X3) DATE SUF	
	175376	B. WIN	G		04/2	4/2012
OVIDER OR SUPPLIER			511 PAI	RAMOUNT ST		-
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	1		(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE
ages who are started monitored appropriat clinical worsening, suin behavior. The care plan dated 2/3/12 recorded Black manifested by Lasix, Coumadin, Simvasta Celexa. The intervent monitored the side of medications, nursing medications by the list Administration Record the label of the medic communicate with phase medications, and rever physicians every 60 deffects. Review of the facility Box Warning recorded medications were identications were identicated in the Black Box Warning content of this policy. Review of the current documentation of the Warnings. Review of the drug redid not identify the medication to the drug redid not identify the medication to the medication of the warnings.	on therapy should be ely and observed closely for dicidality, or unusual changes of the standard process of the standard proce	F	428			
	CONIDER OR SUPPLIER IC CHRISTIAN HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR) Continued From page ages who are started monitored appropriate clinical worsening, suin behavior. The care plan dated 2/3/12 recorded Black manifested by Lasix, Coumadin, Simvastar Celexa. The intervent monitored the side of medications, nursing medications by the list Administration Record the label of the medic communicate with phedications, and reviphysicians every 60 ceffects. Review of the facility Box Warning recorded medications were ided medications were ided medications were edited the Black Box Warning content of this policy. Review of the current documentation of the Warnings. Review of the drug redid not identify the medication on 4/4.	CORRECTION IDENTIFICATION NUMBER: 175376 OVIDER OR SUPPLIER IC CHRISTIAN HOME Summary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 ages who are started on therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. The care plan dated 1/27/12 and last reviewed 2/3/12 recorded Black Box Warning medications manifested by Lasix, Digoxin, Oxycodone, Coumadin, Simvastatin, Aldactone, Lopressor, Celexa. The interventions listed nursing staff monitored the side effects noted from medications, nursing staff would identify the medications by the listing on the Medication Administration Record (MAR) and the red dot on the label of the medication cassette, communicate with physicians on effectiveness of medications, and review medications with physicians every 60 days for efficacy and side effects. Review of the facility policy/procedure for Black Box Warning recorded that Black Box Warning medications were identified by a red dot on the medication container, were identified on the MAR (side effects listed) and all staff who passed medications were educated on the definition of the Black Box Warning and advised of the content of this policy. Review of the current POR and MAR revealed no documentation of the above listed Black Box	OVIDER OR SUPPLIER IC CHRISTIAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 ages who are started on therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. The care plan dated 1/27/12 and last reviewed 2/3/12 recorded Black Box Warning medications manifested by Lasix, Digoxin, Oxycodone, Coumadin, Simvastatin, Aldactone, Lopressor, Celexa. 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An observation on 4/18/12 at 4:15 P.M. revealed	OVIDER OR SUPPLIER IC CHRISTIAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 ages who are started on therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. The care plan dated 1/27/12 and last reviewed 2/3/12 recorded Black Box Warning medications manifested by Lasix, Digoxin, Oxycodone, Coumadin, Simvastatin, Aldactone, Lopressor, Celexa. The interventions listed nursing staff monitored the side effects noted from medications, nursing staff would identify the medications by the listing on the Medication Administration Record (MAR) and the red dot on the label of the medication cassette, communicate with physicians on effectiveness of medications, and review medications with physicians every 60 days for efficacy and side effects. 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The care plan dated 1/27/12 and last reviewed 2/3/12 recorded Black Box Warning medications manifested by Lasix, Digoxin, Oxycodone, Cournadin, Simvastatin, Aldactone, Lopressor, Celexa. The interventions listed nursing staff monitored the side effects noted from medications, and review medications with physicians on effectiveness of medications, and review medications with physicians on effectiveness of medications, and review medications with physicians or effectiveness of medications were educated on the definition of the Black Box Warning and advised of the medication container, were identified on the MAR (side effects listed) and all staff who passed medications were educated on the definition of the Black Box Warning and advised of the content of this policy. Review of the current POR and MAR revealed no documentation of the above listed Black Box Warning. Review of the drug regime review dated 2/22/12 did not identify the medication irregularities. An observation on 4/18/12 at 4:15 P.M. revealed	OVIDER OR SUPPLIER 175376 STREET ADDRESS, CITY, STATE, ZIP CODE STREATHA, KS 66534 SUMMARY STATEMENT OF DEPICIENCIES SABETHA, KS 66534 PRECVIDENT PROVIDENS: PLAN OF CORRECTION FROM DEPICIENCY AND THE APPROPRIATE CONTINUED From page 19 ages who are started on therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. The care plan dated 1/27/12 and last reviewed 2/3/12 recorded Black Box Warning medications manifested by Lasix, Digoxin, Oxycodone, Couradin, Sirmvastatin, Aldactone, Lopressor, Celexa. The interventions listed nursing staff monitored the side effects noted from medications, nursing staff would identify the medications and review medications with physicians every 60 days for efficacy and side effects. 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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		175376	B. WIN	IG_		04/24	4/2012
	ROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 111 PARAMOUNT ST SABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	elevated, call light with nasal cannula. Staff interview on 4/2: licensed nursing staff cassette of medication had a red dot placed dispensing pharmacy medications with Black Staff interview on 4/2: licensed nursing staff Warnings were monit with a Black Box War He/she reported the Blocated in drug refere nursing stations and to contacted for information and the contacted for information monitoring monthly basis. He/she supporting diagnosis, related to prescribed medications for poten He/she alerted staff of Boxed Warnings (BB) for further investigation BBW. He/she is not in protocol for alerting in BBW and monitoring.	shin reach, and oxygen per 3/12 at 8:20 A.M. with G stated the medication as with Black Box Warnings on the cassette by the and the MAR listed and the madication and was administered. Black Box Warning would be ance books available at the pharmacist could be attended to the pharmacist could be and the stated that a was completed on a a monitored medications for monitored lab work as medications, monitored tial drug dosage reduction. If medications with Black In and provided resources and of individual medication's anvolved in the facility's aursing staff of identified tant N failed to identify and and the facility the	F	428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION	(X3) DATE SUF	
		175376	B. WIN	G		04/2	4/2012
	ROVIDER OR SUPPLIER		.	5	EET ADDRESS, CITY, STATE, ZIP CODE 11 PARAMOUNT ST ABETHA, KS 66534	, <u>, , , , , , , , , , , , , , , , , , </u>	-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	- Resident #24 had do osteoarthritis, intestin idiopathic peripheral in hysterectomy, colostic cholecytectomy, and on the 1/12/12 Physic This same POS recommedications that inclupain, Fentanyl patch is depression, Cozaar for prophylaxis, Levothyr and Metoprolol for dia The Medication Admi 4/12 listed the following Black Box Warnings (Cozaar, Fentanyl, Asimetoprolol. The significant chang dated 3/1/12 recorded Mental Status) score had no delirium, a modepression), no behaneeded extensive star of daily living except escheduled pain medications. Fentanyl, Aspirin, Lev The care plan directer monitor the side effect medications, that the identify the medicatio and the red dot on the physician on effective	iagnoses that included all obstruction, hypertension, neuropathy, right total hip, omy, hemithyroidectomy, right wrist fracture as listed sian Order Sheet (POS). Ided the resident received ided Percocet for chronic for pain, Zoloft for or hypertension, Aspirin for oxine for hypothyroidism, abetes. Inistration Record (MAR) for ing medications that had BBW): Percocet, Zoloft, a, Levothyroxine, and BIMS (Brief Interview for of 15 (cognitively intact), and score of 13 (moderate viors, did not reject care, iff assistance with activities eating, and received cation. Initiation Record (IMAR) for ing medications that had indicate the serior of the cognitively intact, and score of 13 (moderate viors, did not reject care, iff assistance with activities eating, and received cation.	F	428			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		175376	B. WIN	G	 	04/24	4/2012
	ROVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 511 PARAMOUNT ST SABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	quarterly for efficacy as the staff recorded that adverse side effects in and that the facility we plan. Blackboxrx.com recorded for a fatal overdose due to the fentanyl. Schedule II on the fentanyl. Schedule II on the fentanyl. Schedule II on fatal overdose due to the fentanyl overdose due to the fentanyl overdose due to blackboxrx.com recorded following BBW: "Abruwith angina pectoris, disease) or ischemic exacerbation of angin (myocardila infarct) and have been reported in abrupt discontinuation. Blackboxrx.com recorded following BBW: "Oxyotand a schedule II con abuse liability similar receiving opiods show signs of misuse, abus. Review of the monthly dated 3/23/12, 2/27/1 11/11/11 did not identifice gularities. Observation on 4/19/1	and side effects. On 3/1/12 It the goal was met (no noted from the medications) build continue with the care Inded for Fentanyl the product contains a high not Schedule II opiod agonist, opiod substances have the buse and associated risk of respiratory depression" Inded for Metoprolol the pt withdrawal not advised CAD (coronary artery heart disease. Severe a and the occurrence of MI and ventricular arrythmias in angina patients following in." Inded for Percocet the codone is an opiod agonist strolled substance with an anto morphine"All patients all did be routinely monitored for the and addiction." In Drug Regime Review 2, 1/18/12, 12/1/11, and the room. The resident stated	F	428			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUCTION	(X3) DATE SUI COMPLET	
		175376	B. WIN				
	ROVIDER OR SUPPLIER	175576		511	ET ADDRESS, CITY, STATE, ZIP CODE 1 PARAMOUNT ST ABETHA, KS 66534	04/2	4/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 428	nursing staff G said the medications with a Bithe individual medicated red dot that indicated The staff said the fact placed it on the casse a BBW book study gunurses desk that the look up what the BBW medication, as neither recorded what the way was a work in progre	at 8:15 A.M. with licensed the MAR listed the lack Box Warning, and on tion cartridge there was a the medication had a BBW. ility's dispensing pharmacy ette. The staff said they kept uide in the drawer at the staff used if they needed to W was for a particular er the MAR nor the care plan arning was. The staff said it	F	428			
	hypothyroidism, diabedisorder, personality disability, encephalog recorded on the 3/19 (POS). This POS recording medications that inclusionaticoagulation, Lortapain, Tylenol for pain disorder, Atenolol for diabetes, and Effexon The quarterly Minimurecorded a BIMS (Bri Status) score of 8 (m delirium, a mood sconot reject care, needs	ab for moderate to severe , Depakote for bipolar mood hypertension, Metformin for					

Facility ID: N066001

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	IG		04/2	4/2012
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN HOME				51 ⁻	EET ADDRESS, CITY, STATE, ZIP CODE 1 PARAMOUNT ST ABETHA, KS 66534	, , , , ,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	received an anti-depring received an anti-depring received an anti-depring received an anti-depring received and and spirin, Lortab, Tylen Actos, Metformin, Efecare plan directed for the side effects of the be able to identify the on the Medication Ad and the red dot on the physician on effective medications with the effectiveness and side not record what the windications. The MAR dated 4/12 following medications Atenolol, Levothyroxial Blackboxrx.com record following BBW: "Hepafatalities has occurred valproic acid and its of threatening pancreatif both children and aducted as hemorrhy progression from initial Blackboxrx.com record following BBW: "Lacting serious metabolic corduct of metformin acciditions when it occurs, it is facases. Lactic acidosis	essant medication. I2/7/11 listed the following k Box Warnings (BBW): ol, Depakote, Atenolol, exor, and Levothyroxine. The the nursing staff to monitor identified medications, to medications by the listing ministration Record (MAR) elabel, to work with the eness of medications, review physician quarterly for effects. The care plan diduarning was for these recorded BBW for the Depakote, Effexor, he, and Metformin. Indeed for Depakote the effic failure resulting in d in patients receiving derivatives. "Cases of life tis have been reported in elits. Some cases have been hagic with a rapid all symptoms to death." Indeed for Metformin the cacidosis is a rare, but implication that can occur unulation during treatment. Eatal in approximately 50% of is may also occur in mober of pathophysiological	F	428			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175376	B. WING _		04/2	4/2012	
	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 511 PARAMOUNT ST SABETHA, KS 66534			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	dated 3/23/12, 2/27/1 11/11/11 did not identiregularities. An observation on 4/2 care staff J responder. The resident was readstaff used a sit to start to the wheel chair. An interview 4/23/12 and the medications with a BI the individual medications with a BI the individual medication and the staff said the faciplaced it on the casse a BBW book study gunurses desk that the slook up what the BBV medication, as neither recorded what the way was a work in progress.	ypoxemia." y Drug Regime Review 2, 1/18/12, 12/1/11, and tify the medication 19/12 at 3:50 P.M. direct d to the resident's call light. dy to get up from bed. The nd lift to transfer the resident at 8:15 A.M. with licensed ne MAR listed the ack Box Warning, and on tion cartridge there was a the medication had a BBW. Hity dispensing pharmacy ette. The staff said they kept uide in the drawer at the staff used if they needed to V was for a particular r the MAR nor the care plan urning was. The staff said it	F 428	3			
	dementia, hypothyroid tension headache, ey	iagnoses that included dism, nutrition disorder, re disease, macular es mellitus, and glaucoma as					

PRINTED: 04/25/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G		04/2	4/2012	
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN HOME				51	EET ADDRESS, CITY, STATE, ZIP CODE 1 PARAMOUNT ST ABETHA, KS 66534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 428	REGULATORY OR LSC IDENTIFYING INFORMATION)		F	428				

Facility ID: N066001

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G	 	04/2	4/2012
	OVIDER OR SUPPLIER		_	5′	REET ADDRESS, CITY, STATE, ZIP CODE 11 PARAMOUNT ST 6ABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428	per day and often inviacetaminophen-conta. The care plan dated 2 03/02/12 listed medic. Warnings as follows: Metformin, Celexa, Scare plan directed the side effects of the ide to identify the medica. MAR and the red dot physicians on effective review medications we for efficacy and side of An observation on 04 sat in the dining room medication by licensed medication without did. An interview on 4-23-licensed nursing staff dispensing pharmacy the pill cassettes to all medications, that the Warning (BBW). The on the bottom of each mediations. The staff pharmacy did not list BBW medications on Review of the drug re 11/11/11, 12/01/11, 0 03/23/12 did not ident irregularities. 04/24/12 at 11:19 A.M. Consultant N indicate skilled resident's mediand the assisted living	ses that exceed 4000 mg olve more than one sining product. " 2/24/12 and last revised ations with Black Box Enalapril, Synthroid, eroquel, and Tylenol. The enursing staff to monitor the ntified medications, be able tions by the listing on the label, to work with eness of medications and ith physician every 60 days effects. /19/12 at 8:25 A.M. Resident and was offered a d staff O. He/She took the p and swallowed the ffiiculty. 12 at 12:45 P.M. with G indicated that their placed a red dot sticker on ert staff passing medication had a Black Box dispensing pharmacy listed a page on the MAR the BBW said the dispensing the side effects beside the the MAR. gimen review date 10/12/11, 1/10/12, 02/20/12, and tify the medication	F	428			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	IG		04/2	4/2012
	OVIDER OR SUPPLIER		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 11 PARAMOUNT ST SABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 428 F 441 SS=F	progress notes for poreducations unless it doctor that no drug dowarranted. He alerts is have Black Box Warn resources for further it Box Warnings. How the monitors the Black Box Gacilities protocol. The Consultant N faile irregularities and faile and the facility 483.65 INFECTION CONTROLOGIES The facility must estall infection Control Prografe, sanitary and cort to help prevent the door disease and infection (a) Infection Control Formulation The facility must estall Program under which (1) Investigates, control in the facility; (2) Decides what program under which (3) Maintains a record actions related to infection the Infection Control Formulation (3) Maintains a record actions related to infection the Infection determines that a resource in the Infection determines in the Infection determines that a resource in the Infection determines in the Infection determ	ab work as related to a nursing notes and doctor ssible drug dosage is clearly documented by the page reducation is staff th medications that sings and provides investigating those Black the facility identifies and box Warnings is per the led to identify medication and to report to the physician CONTROL, PREVENT blish and maintain an agram designed to provide a materialle environment and evelopment and transmission on. Program blish an Infection Control it iterols, and prevents infections cedures, such as isolation, an individual resident; and dof incidents and corrective actions.		428			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G		04/2	4/2012
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN HOME			·	511	ET ADDRESS, CITY, STATE, ZIP CODE 1 PARAMOUNT ST ABETHA, KS 66534		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 441	communicable disease from direct contact w direct contact will trar (3) The facility must rhands after each direct hand washing is indice professional practice (c) Linens Personnel must hand	orohibit employees with a see or infected skin lesions ith residents or their food, if a smit the disease. The require staff to wash their extresident contact for which cated by accepted	F	441			
	by: The facility had a cer facility identified 1 res with Clostridium Diffic observation, record re facility failed to preve prevent the onset and when cleaning the ro isolation with Clostrid 1 observations. Findings included: On 4/19/12 at appr housekeeping staff R resident's room (resid to Clostridium Difficile cleaning. Prior to en housekeeping staff R shoe covers, mask at	eview, and interview the ent cross-contamination to d the spread of infection om of the resident in contact lium Difficile (C-Diff) for 1 of example oximately 3:15 P.M. It prepared to enter the dent in contact isolation due to to perform the daily					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G		04/2	4/2012	
NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				STREET ADDRESS, CITY 511 PARAMOUNT ST SABETHA, KS 665	Г			
(X4) ID PREFIX TAG				X (EACH CO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 441	he/she did not have a hands to gather the strash in the receptace Housekeeping staff Fremoved the broom had hallway, and placed thallway, and placed thallway's floor. Houselean the broom hand to placing them in the staff R using the same headboards, tables, of the resident's room, a bleach solution. Whi housekeeping staff S to give the resident a Housekeeping staff F placed the flower arrabedside table. After housekeeping staff F bleach solution on the mop the room in water cleaning agent). Houseleaning agent). Housekeeping staff S bleach solution on the mop water did not included the proof Housekeeping staff S LD 40 did not kill C-D Review of the facility procedure included the times when working in the staff service working in th	a sweep type broom. wept the room, stated a dust pan, used his/her swept debris, and placed the e in the resident's room. R without changing gloves, handle and the mechanism head) from the broom om handle on the wall in the she mechanism on the sekeeping staff R did not did or the mechanism prior hallway. Housekeeping he gloves then cleaned the chairs, and other furniture in hand bathroom with the 1:9 he still cleaning the room hasked housekeeping staff R flower arrangement. R with the same gloves on, hangement on the resident's he cleaning the room, he randomly squirted the 1:9 he floor, then proceeded to her that contained LD 40 (a he lisekeeping staff R confirmed he tontained LD 40 (a he lisekeeping staff R confirmed he contain bleach. he container of LD 40 did he lisekeeping staff R confirmed he container of LD 40 did he container of LD 40 did he confirmed at that time the	F	441				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		175376	B. WIN	G		04/2	4/2012
NAME OF PE		•	5	REET ADDRESS, CITY, STATE, ZIP CODE 11 PARAMOUNT ST SABETHA, KS 66534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 441	and. the facility would solution. The facility failed to p to prevent the spread	rox solution of 9:1 ration, I mop the floor with a Clorox revent cross contamination of infection when cleaning a nt in contact isolation due to	F	441			